N. Adjustments & Recoupments

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Adjustments and recoupments are used to correct or void claims that have already been paid.

The Office of Vermont Health Access policy is that a positive financial adjustment can be completed up to one year after the date of the RA. A negative financial adjustment can be completed up to three years electronically.

There must be a paper trail in the student's Medicaid file to support any adjustments or recoupments. This can consist of one of the following:

- a copy of the adjustment or recoupment page from the RA, with other student's names blacked out
- the original LOC clearly showing what adjustments were made, or a note stating the LOC was recouped
- a new LOC with a note stating the original LOC was adjusted
- a piece of paper stating that an adjustment or recoupment occurred for a certain billing period.

The documentation must include a written explanation for the recoupment or adjustment.

ADJUSTMENTS

Adjustments are done when claims have been previously paid and a correction needs to be made. The following are some of the reasons that you might need to make an adjustment:

- wrong procedure code used on claim that was paid
- wrong modifier used on claim that was paid
- wrong number of units billed on outlier claim
- wrong date of service

ADJUSTMENT PROCEDURES

Adjustments are done electronically on the EDS billing software. Only claims that were **previously paid** can be adjusted.

- Open the 837 Professional claim form in the EDS billing software
- Go to Hdr 1 and click claim frequency
- In the drop down box, select "7 (Replacement)"
- In the "Original Claim #" box enter the ICN number from the RA that shows the claim was paid
- Enter the claim information the way the corrected claim **should read**
- Save and submit the new claim

When adjusting a multiple line claim **ALL** lines must be reentered, even if only one of the lines is being adjusted.

The claim with the ICN number you entered will be deleted and replaced with the corrected claim you just submitted.

RECOUPMENTS

Recoupments are used to void a claim that has been previously paid. A recoupment recovers the payment of the claim and will result in a reduction on the supervisory union's next grant award. The following are some of the reasons that you might need to make a recoupment:

- a claim was submitted for a student who was the legal responsibility of another supervisory union
- a claim was submitted without the necessary documentation
- two claims were submitted with different procedure codes for the same service

RECOUPMENT PROCEDURE

Recoupments are done electronically on the EDS billing software. To recoup a paid claim, use the following procedure:

- Open the 837 Professional claim form in the EDS billing software
- Go to Hdr 1 and click claim frequency
- In the drop down box, select "8 (Void)"
- In the "Original Claim #" box enter the ICN number from the RA that shows the claim was paid
- Enter the claim information the way it was submitted
- Save and submit the new claim

DENIED CLAIMS

If a claim has been denied, the claim cannot be adjusted or recouped. For a denied claim, the reason for the denial needs to be researched to determine if the claim should be resubmitted. If the denied claim can be resubmitted, it must be submitted as a new claim. Please refer to Section M for more information on denied claims.

RESUBMISSION OF DENIED CLAIMS

A denied claim can be resubmitted electronically as a new claim as long as it is within the six month timely filing deadline. If the denied claim can be resubmitted and it is past the timely filing deadline, the following procedure should be used:

- Complete a HCFA-1500 form (or a copy of the form) with the correct claim information
- Attach a copy of the page of the RA showing the original denial.
- Send the claim to

  EDS
  Attn: Claims
  PO Box 777
  Williston, VT 05495

The deadline for correcting denied claims is one year from the date the claim was processed by EDS.

INSTRUCTIONS FOR COMPLETING THE CMS 1500 FORM

All information on the HCFA-1500 form should be typed or legibly printed. The fields listed below **MUST** be completed or the claim will not be processed.

Form Locator	Required Information
1. Claim Type	Check the "Medicaid" box
1a. Insured's ID Number	Enter the nine-digit Medicaid ID number.
2. Patient's Name	Enter the patient's last name, first name, middle initial.
3. Patient's Birth Date	Enter the date of birth in MMDDYY format. Check the appropriate box to indicate the student's sex.
10. Condition Related To	The "NO" box must be checked in boxes a, b and c.
11d. Other Health Plan	The "NO" box must be checked.
20. Outside Lab	The "NO" box must be checked.
21. Diagnosis	Enter the diagnosis code on line "1".
24a. Date(s) of Service	Enter the "From" and "To" date of each service provided.
24b. Place of Service	Services provided at a school have a code of "03".
24d. Procedure Code	Enter the procedure code and modifier.
24e. Diagnosis Code	Enter the number "1". This points to the diagnosis code in box 21.
24f. Charges	Enter the fee associated with the service provided.
24g. Days or Units	Enter "1" unit for LOC 1-4 and the number of units for an outlier claim.
24h. EPSDT/Family Plan	Enter a "S2" in this box.
24i. ID Qualifier	Enter "ID"
24j. Rendering Provider ID	Enter your Medicaid provider number
26. Account Number	Enter your Medicaid provider number and town code.
28. Total Charges	Add the charges from field 24f for each line and enter the total.
29. Amount Paid	Enter "$0"
31. Signature	Enter the signature of an authorized representative.
33. Billing Provider	Enter your Provider: name, address and telephone number.
33b. Billing Provider	Enter "ID" and your Medicaid provider number.